## FORM 2\* Disclosure of Owners and Other Key Persons

Part I: Owners and Other Key Persons								
List (A.) all persons and/or entities with any own members/managers, (C.) all persons with mana operations or licensed facility whether they have financial interest whether they have ownership i partnership, LLC, etc.) has interest, list all person the entity, and their effective ownership in the license as the entity and their effective ownership in the license as the entity.	ging or o cownersh nterest on ons associated	perat nip in r not siated	tiona tere: (coll with	I const or ective	ntrol with respond, and (D.) rely, "Key Persch entity, their	ect to t all othe sons"). owner	the cul er pers If an e ship o	Itivator license, sons with any entity (corporation, r other interest in
A. LIST ALL PERSONS WITH ANY OWNERSH stockholders; LLC members; and partners i LIST ALL PERSONS WITH ANY OWNERSHIP	f a partne	ershi	ip); I	F A	NY SUCH PE	RSON	ding o	corporation OTHER ENTITY,
Name Michael J Lenza	Title Member			SSN	FEIN	DOB		App submitted? ⊠Yes □No
Address (residence if an individual)	City Milford		State MA		ZIP 01757	Phone (	Numbe	)
Business Associated with (Applicant, parent business or sub-	entity)	Own.	% Ві	isines	ss Associated wit	1	Effectiv	ve Own, % in Applicant
Name Ann Dugan	Title Member			SSN	FEIN	DOB	5	App submitted? ⊠Yes □No
Address (residence if an individual)	City N Providence	8	State R		ZIP 02904	Phone	Numbe	)
Business Associated with (Applicant, parent business or sub-	entity)	Own.	% Ві	isines	s Associated with	h	Effectiv	- Own % in Applicant
Name Jarred C Lynch	Title Me	mber		SSN	FEIN	DOB		App submitted? ⊠Yes □No
Address (residence if an individual)	City Cumber		State		ZIP 02864	Phone	Number	
Business Associated with (Applicant, parent business or sub-	entity)	Own.	% Bi	isines	Associated with	n	Effectiv	ve Own. % in Applicant
Name	Title			SSN	FEIN	DOB		App submitted? □Yes □No
Address (residence if an individual)	City		State		ZIP	Phone ( )	Numbe	
Business Associated with (Applicant, parent business or sub-	entity)	Own.	% Bı	isines	s Associated wit	1	Effectiv	ve Own, % in Applicant
Name	Title			SSN	FEIN	DOB		App submitted? □Yes □No
Address (residence if an individual)	City		State		ZIP	Phone ( )	Numbei	
Business Associated with (Applicant, parent business or sub-	entity)	Own.	% Bu	sines	s Associated with	1	Effectiv	e Own. % in Applicant

Name	Title			SSN/	FEIN	DOB		App submitted? □Yes □No
Address (residence if an individual)	City	s	tate		ZIP	Phone (	Numbe	r
Business Associated with (Applicant, parent business or sub-	-entity)	Own. 9	% Bu	sines	s Associated with	1	Effectiv	ve Own. % in Applicant
Name	Title			SSN/	FEIN	DOB		App submitted? □Yes □No
Address (residence if an individual)	City	S	tate		ZIP	Phone ( )	Number	
Business Associated with (Applicant, parent business or sub-	entity)	Own. 9	% Bu	sines	s Associated with	1	Effectiv	re Own. % in Applicant
B. LIST ALL DIRECTORS, OFFICERS, AND M DESCRIBED IN SECTION A	ANAGE	RS OF	TH	E AF	PPLICANT AN	ND AN	Y OTI	HER ENTITIES
Name Jarred C Lynch	Title Managin	g Memb		SSN/I	FEIN	DOB		App submitted? ⊠Yes □No
Address (residence if an individual)	City Cumbe	23 00	tate	રા	ZIP 02864	Phone (	Number	,
Business Associated with (Applicant, parent business or sub-	entity)	Title (of	fficer	, dire	ctor, manager, et	c.)		
Name Ann Dugan	Title Dire	ctor		SSN/I	FEIN	DOB	-	App submitted? ⊠Yes □No
Address (residence if an individual)	City N Providenc		tate RI		ZIP 02904	Phone	Number	e e
Business Associated with (Applicant, parent business or sub-	<u> </u>		fficer	, dire	ctor, manager, et	c.)		
Name Michael J Lenza	Title Directo	ır	3	SSN/F	FEIN	DOB		App submitted? ⊠Yes □No
Address (residence if an individual)	City Milford	St	tate MA		ZIP 01757	Phone I	Number	
Business Associated with (Applicant, parent business or sub-	entity)	Title (of	fficer	, dire	ctor, manager, et	c.)		
Name	Title	••••	3	SSN/F	EIN	DOB		App submitted? □Yes □No
Address (residence if an individual)	City	St	ate	1	I de	Phone I	lumber	
Business Associated with (Applicant, parent business or sub-	entity)	Title (of	ficer	, direc	ctor, manager, etc	c.)		
Name	Title		8	SN/F	EIN	ров	,	App submitted? □Yes □No
Address (residence if an individual)	City	St	ate	7	ZIP I	Phone N	lumber	
Business Associated with (Applicant, parent business or sub-	entity)	Title (of	ficer,	direc	ctor, manager, etc	5.)	***	

Name	Title		SSN/FEIN	DOB	App submitted? □Yes □No
Address (residence if an Individual)	City	State	ZIP	Phone Nur	mber
Business Associated with (Applicant, parent business of	or sub-entity)	Title (office	r, director, manag	ger, etc.)	
Name	Title		SSN/FEIN	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Nur	mber
Business Associated with (Applicant, parent business of	or sub-entity)	Title (office	r, director, manag	ger, etc.)	
C. LIST ALL PERSONS (OTHER THAN P HAVE MANAGING OR OPERATIONAL ( ENTITIES DESCRIBED IN SECTION A, T FACILITY (WHETHER THEY HAVE AN ( ANOTHER ENTITY, LIST ALL PERSONS	CONTROL W THE CULTIVA DWNERSHIP S WITH ANY	ITH RESP ATOR LICI INTERES OWNERS	ECT TO THE ENSE, OPER T OR NOT); I HIP IN OR CO	APPLICANT ATIONS AND F ANY SUCH	, ANY OTHER D/OR LICENSED I PERSON IS
Name	Title		SSN/FEIN	ООВ	□Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Nur	mber
Business Associated with (Applicant, parent business of	or sub-entity)	Role, intere	st, etc.		
Name	Title		SSN/FEIN	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Nur	mber
Business Associated with (Applicant, parent business of	or sub-entity)	Role, intere	st, etc.		
Name	Title		SSN/FEIN	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Nur	mber
Business Associated with (Applicant, parent business of	or sub-entity)	Role, intere	st, etc.		
Name	Title		SSN/FEIN	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	Phone Nur	mber
Business Associated with (Applicant, parent business of	or sub-entity)	Role, intere	est, etc.		
Name	Title		SSN/FEIN	DOB	App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State	ZIP	Phone Nu	mber

Business Associated with (Applicant, parent business or sub	-entity)	Role, inte	rest, etc.			
Name	Title		SSN/FEIN	DOB		App submitted? □Yes □No
Address (residence if an individual)	City	State	e ZIP	Phone (	e Number	
Business Associated with (Applicant, parent business or sub	-entity)	Role, inte	rest, etc.			
Name	Title		SSN/FEIN	DOB		App submitted? □Yes □No
Address (residence if an individual)	City	State	e ZIP	Phone (	Number	
Business Associated with (Applicant, parent business or sub-	-entity)	Role, inter	rest, etc.			
D. LIST ALL PERSONS (OTHER THAN PERSONS HAVE ANY FINANCIAL INTEREST WITH REDESCRIBED IN SECTION A OR C, THE CULFACILITY (WHETHER THEY HAVE AN OWN ANOTHER ENTITY, LIST ALL PERSONS WITHIN	SPECT T TIVATOR ERSHIP I	O THE A LICENS NTERES	APPLICAN SE, OPER/ ST OR NO SHIP IN OF	T, ANY OTHE ATIONS AND F); IF ANY SL	R ENT OR LIC JCH PE OF THA	ITIES EENSED RSON IS AT ENTITY
Name	Title		SSN/FEIN	DOB		App submitted? ☐Yes ☐No
Address (residence if an individual)	City	State	ZIP		Number	
Business Associated with (Applicant, parent business or sub-	entity)	Interest		1		
Name	Title		SSN/FEIN	DOB		App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP		Number	
Business Associated with (Applicant, parent business or sub-	entity)	Interest				
Name	Title		SSN/FEIN	DOB		App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP		Number	
Business Associated with (Applicant, parent business or sub-	entity)	Interest				2
Name	Title		SSN/FEIN	DOB	-	App submitted? □Yes □No
Address (residence if an individual)	City	State	ZIP	100	Number	
Business Associated with (Applicant, parent business or sub-	entity)	Interest				
Name	Title		SSN/FEIN	DOB	1	App submitted? ☐Yes ☐No

Address (residence if an individual)	City	Sta	te ZIP	Phone Nu	mber
				( )	
Business Associated with (Applicant, parent busine	entity)	Interest			
Name	Title		SSN/FEIN	DOB	App submitted? □Yes □No
Address (residence if an individual)	City	Sta	te ZIP	Phone Nu	mber
Business Associated with (Applicant, parent busine	ess or sub-entity)	Interest	,		
Name	Title		SSN/FEIN	DOB	App submitted?  ☐Yes ☐No
Address (residence if an individual)	City	Sta	te ZIP	Phone Nur	mber
Business Associated with (Applicant, parent busine	ess or sub-entity)	Interest			
Part II: Who, besides the owners an partnerships, corporations, limited liab interests, equipment, inventory, furnitum	oility companies,	trusts), v	vill loan, give or	otherwise pro	ovide money, property
partnerships, corporations, limited liab interests, equipment, inventory, furnitu a security interest therein; or who will r Attach a separate sheet if necessary	oility companies, ure, licensing or receive money, p	trusts), v other pro profits, pro	vill loan, give or prietary rights t prietary rights o	otherwise pro o or for use in or other interes	ovide money, property this business, or hold sts from this business
partnerships, corporations, limited liab interests, equipment, inventory, furnitu a security interest therein; or who will r	oility companies, ure, licensing or receive money, p	trusts), vother proprofits, proprofits, proprofits, proprofits, proprofits and the second sec	vill loan, give or prietary rights t prietary rights o	otherwise pro o or for use in or other interes persons with	ovide money, property this business, or hold sts from this business
partnerships, corporations, limited liab interests, equipment, inventory, furnitoral a security interest therein; or who will re Attach a separate sheet if necessary control of that entity.	oility companies, ure, licensing or receive money, p v. If any such pe	trusts), vother proprofits, proprofits, proprofits, proprofits, proprofits and the second sec	vill loan, give or prietary rights t prietary rights on entity, list al	otherwise pro o or for use in or other interes persons with	ovide money, property this business, or hold sts from this business an any ownership in o
partnerships, corporations, limited liab interests, equipment, inventory, furnitoral a security interest therein; or who will re Attach a separate sheet if necessary control of that entity.	oility companies, ure, licensing or receive money, p v. If any such pe	trusts), vother proprofits, proprofits, proprofits, proprofits, proprofits and the second sec	vill loan, give or prietary rights t prietary rights on entity, list al	otherwise pro o or for use in or other interes persons with	ovide money, property this business, or hold sts from this business an any ownership in o
partnerships, corporations, limited liab interests, equipment, inventory, furnitoral a security interest therein; or who will re Attach a separate sheet if necessary control of that entity.	oility companies, ure, licensing or receive money, p v. If any such pe	trusts), vother proprofits, proprofits, proprofits, proprofits, proprofits and the second sec	vill loan, give or prietary rights t prietary rights on entity, list al	otherwise pro o or for use in or other interes persons with	ovide money, property this business, or hold sts from this business an any ownership in o
partnerships, corporations, limited liab interests, equipment, inventory, furnitoral a security interest therein; or who will re Attach a separate sheet if necessary control of that entity.	oility companies, ure, licensing or receive money, p v. If any such pe	trusts), vother proprofits, proprofits, proprofits, proprofits, proprofits and the second sec	vill loan, give or prietary rights t prietary rights on entity, list al	otherwise pro o or for use in or other interes persons with	ovide money, property this business, or hold sts from this business an any ownership in o
partnerships, corporations, limited liab interests, equipment, inventory, furnitoral a security interest therein; or who will re Attach a separate sheet if necessary control of that entity.	oility companies, ure, licensing or receive money, p v. If any such pe	trusts), vother proprofits, proprofits, proprofits, proprofits, proprofits and the second sec	vill loan, give or prietary rights t prietary rights on entity, list al	otherwise property of the prop	ovide money, property this business, or hold sts from this business an any ownership in o
partnerships, corporations, limited liab interests, equipment, inventory, furnitoral a security interest therein; or who will re Attach a separate sheet if necessary control of that entity.	oility companies, ure, licensing or receive money, p v. If any such pe	trusts), vother proprofits, proprofits, proprofits, proprofits, proprofits and the second sec	vill loan, give or prietary rights to prietary rights on entity, list all SSN/FEI	otherwise property of the prop	ovide money, property this business, or hold sts from this business an any ownership in o
partnerships, corporations, limited liab interests, equipment, inventory, furnitual security interest therein; or who will reduce the security interest sheet if necessary control of that entity.  Name	oility companies, ure, licensing or receive money, p v. If any such pe	trusts), vother proprofits, proprofits, proprofits, proprofits, proprofits and the second sec	vill loan, give or prietary rights to prietary rights on entity, list all SSN/FEI	otherwise proportion of for use in or other interest persons with	ovide money, property this business, or hold sts from this business an any ownership in o